

POSITION	INITIALS	ID NO.	DATE
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**FEE DETERMINATION****O.I.P.E. CLASSIFIER****FORMALITY REVIEW****RESPONSE FORMALITY REVIEW****INDEX OF CLAIMS**

<input checked="" type="checkbox"/>	Rejected	1	1
<input type="checkbox"/>	Allowed	1	1
<input type="checkbox"/>	Cancelled	1	1
<input type="checkbox"/>	Restricted	0	1

Final Outcome	Date Decided	Final Outcome	Date Decided	Final Outcome	Date Decided
✓	51	✓	101	✓	151
✓	52	✓	102	✓	152
✓	52	✓	103	✓	153
✓	53	✓	104	✓	154
✓	54	✓	105	✓	155
✓	55	✓	106	✓	156
✓	56	✓	107	✓	157
✓	57	✓	108	✓	158
✓	58	✓	109	✓	159
✓	59	✓	110	✓	160
✓	60	✓	111	✓	161
✓	61	✓	112	✓	162
✓	62	✓	113	✓	163
✓	63	✓	114	✓	164
✓	64	✓	115	✓	165
✓	65	✓	116	✓	166
✓	66	✓	117	✓	167
✓	67	✓	118	✓	168
✓	68	✓	119	✓	169
✓	69	✓	120	✓	170
✓	70	✓	121	✓	171
✓	71	✓	122	✓	172
✓	72	✓	123	✓	173
✓	73	✓	124	✓	174
✓	74	✓	125	✓	175
✓	75	✓	126	✓	176
✓	76	✓	127	✓	177
✓	77	✓	128	✓	178
✓	78	✓	129	✓	179
✓	79	✓	130	✓	180
✓	80	✓	131	✓	181
✓	81	✓	132	✓	182
✓	82	✓	133	✓	183
✓	83	✓	134	✓	184
✓	84	✓	135	✓	185
✓	85	✓	136	✓	186
✓	86	✓	137	✓	187
✓	87	✓	138	✓	188
✓	88	✓	139	✓	189
✓	89	✓	140	✓	190
✓	90	✓	141	✓	191
✓	91	✓	142	✓	192
✓	92	✓	143	✓	193
✓	93	✓	144	✓	194
✓	94	✓	145	✓	195
✓	95	✓	146	✓	196
✓	96	✓	147	✓	197
✓	97	✓	148	✓	198
✓	98	✓	149	✓	199
✓	99	✓	150	✓	200

If more than 150 claims or 10 actions  
staple additional sheet here

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